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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
FEE TRANSMITTAL				Application Number 0		09/506717-Conf. #9161			
				Filing Date F		February 18, 2000			
For FY 2006				First Named Inventor		Harold E. Helson			
				Examiner Name E		E. S. Dejong			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1631				
TOTAL AMOUNT OF PAYMENT (\$) 620.00			Attorney Docket No. 1		103544.135 US2				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering: Hale and Dorr LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILIN	IG FEES	SE	ARCH FEES	EXAMI	NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES			·	Ü	v	v		Small Entity	
Fee Description Fee (\$)									
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims 360 180								180	
Total Claims Extra	Total Claims		aid (\$) Multiple Dep		ultiple Depende	ident Claims			
- 20 =	- 20 = x =			Fe	<u>e (\$)</u> <u> </u>	ee Paid (\$	1		
HP = highest numer of total cla	aims paid for, if gr	eater than 20.						_	
	a Claims I	Fee (\$)	Fee F	'aid (\$)					
- 6 = X = HP = highest numer of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
1	Extra Sheets			dditional 50 or frac		. Foo (f)	Eas B) old (\$\	
		/50					<u>- ree r</u>	<u>'aid (\$)</u>	
- 100 = /50 (round up to a whole number) x = = =									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g. late filing surcharge): 1252 Extension for response within second month 225.00									
1801 Request for continued examination (RCE) (see 37 395.00									
SUBMITTED BY		\	-						
Signature		105/		Registration No. (Attorney/Agent)	55,140	Telephone	(617) 526	6-6000	
Name (Print/Type) Mary J. Edwards						Date	te August 16, 2006		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Signature: TW Dated: August 16, 2006 (Farah Bushashia)



PATENTS IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 CFR §1.8 (a)

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Date: 8 16 06

Farah Bushashia

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

Dear Commissioner:

Please be advised that the attorney docket number has changed for the following patent applications:

Application Serial Number

New Attorney Docket Number

09/506,717

103544.135 US2

No fees are believed to be due in connection with this matter. However, please charge any fees that might be due to Deposit Account No. 08-0219.

Date: Aug 16, 2006

Wilmer Cutler Pickering Hale and Dorr LLP 60 State Street Boston, MA 02109 (617) 526-6000 (617) 526-5000 (Facsimile) Respectfully submitted,

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